

POSITION	INITIALS	ID NO.	DATE
	SF		9-21-01
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	ONW	JD	09-27-01
<b>FORMALITY REVIEW</b>	SC	TT	10/17/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE CO

Claim	Final	Original	Date
1	✓	✓	10/17/01
2	✓	✓	10/17/01
3	✓	✓	10/17/01
4	✓	✓	10/17/01
5	✓	✓	10/17/01
6	✓	✓	10/17/01
7	✓	✓	10/17/01
8	✓	✓	10/17/01
9	✓	✓	10/17/01
10	✓	✓	10/17/01
11	✓	✓	10/17/01
12	✓	✓	10/17/01
13	✓	✓	10/17/01
14	✓	✓	10/17/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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86  
10/17/01